

Mr. Steve Bullock
Hill-Rom Inc.
1069 State Route 46 E.
Batesville, Indiana 47006

Re: AAT-137-12054-00002
First Administrative Amendment to
Part 70 137-6026-00002

Dear Mr. Bullock:

Hill-Rom Co., Inc. was issued a Part 70 Operating Permit on January 12, 1999 for a hospital bed and support furniture manufacturing operation. A letter was received March 20, 2000 requesting a name change due to a legal entity restructuring. Pursuant to the provisions of 326 IAC 2-7-11 the permit is hereby administratively amended as follows:

Hill-Rom Co., Inc. located at 1125 East Pearl Street, Batesville, Indiana 47006 name has been changed to Hill-Rom Inc., at the same location.

All other conditions of the permit shall remain unchanged and in effect. Please attach a copy of this amendment to the front of the original permit.

This decision is subject to the Indiana Administrative Orders and Procedures Act - IC 4-21.5-3-5. If you have any questions on this matter, please contact Gary Freeman, of my staff, at 317-233-5334 or 1-800-451-6027, press 0 and ask for extension 3-5334.

Sincerely,

Paul Dubenetzky, Chief
Permits Branch
Office of Air Management

Attachments

PD/gkf

cc: File - Ripley County
Ripley County Health Department
Air Compliance Section - DJ Knotts
Compliance Data Section - Karen Nowak

PART 70 OPERATING PERMIT OFFICE OF AIR MANAGEMENT

**Hill-Rom Inc.
1125 East Pearl Street
Batesville, Indiana 47006**

(herein known as the Permittee) is hereby authorized to operate subject to the conditions contained herein, the source described in Section A (Source Summary) of this permit.

This permit is issued in accordance with 326 IAC 2 and 40 CFR Part 70 Appendix A and contains the conditions and provisions specified in 326 IAC 2-7 and 326 IAC 2-1-3.2 as required by 42 U.S.C. 7401, et. seq. (Clean Air Act as amended by the 1990 Clean Air Act Amendments), 40 CFR Part 70.6, IC 13-15 and IC 13-17.

| | |
|---|---------------------------------|
| Operation Permit No.: T137-6026-00002 | |
| Issued by: Janet G. McCabe, Assistant Commissioner Office of Air Management | Issuance Date: January 12, 1999 |

| | |
|---|---------------------------------------|
| First Administrative Amendment: 137-12054-00002 | Pages Affected: 41, 42, 44, 45 and 46 |
| Issued by: Paul Dubenetzky, Branch Chief Office of Air Management | Issuance Date: |

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT
COMPLIANCE DATA SECTION**

**PART 70 OPERATING PERMIT
CERTIFICATION**

Source Name:Hill-Rom Inc.
Source Address: 1125 East Pearl Street, Batesville, IN 47006
Mailing Address:1069 State Route 46 E, Batesville, IN 47006
Part 70 Permit No.: T137-6026-00002

This certification shall be included when submitting monitoring, testing reports/results or other documents as required by this permit.

Please check what document is being certified:

- 9 Annual Compliance Certification Letter
- 9 Test Result (specify) _____
- 9 Report (specify) _____
- 9 Notification (specify) _____
- 9 Other (specify) _____

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

Signature:

Printed Name:

Title/Position:

Date:

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT
COMPLIANCE DATA SECTION
P.O. Box 6015
100 North Senate Avenue
Indianapolis, Indiana 46206-6015
Phone: 317-233-5674
Fax: 317-233-5967**

**PART 70 OPERATING PERMIT
EMERGENCY/DEVIATION OCCURRENCE REPORT**

Source Name:Hill-Rom Inc.
Source Address: 1125 East Pearl Street, Batesville, IN 47006
Mailing Address:1069 State Route 46 E, Batesville, IN 47006
Part 70 Permit No.: T137-6026-00002

This form consists of 2 pagesPage 1 of 2

Check either No. 1 or No.2

- 9** 1. This is an emergency as defined in 326 IAC 2-7-1(12)
C The Permittee must notify the Office of Air Management (OAM), within four **(4)** business hours (1-800-451-6027 or 317-233-5674, ask for Compliance Section); and
C The Permittee must submit notice in writing or by facsimile within two **(2)** days (Facsimile Number: 317-233-5967), and follow the other requirements of 326 IAC 2-7-16
- 9** 2. This is a deviation, reportable per 326 IAC 2-7-5(3)(c)
C The Permittee must submit notice in writing within ten **(10)** calendar days

If any of the following are not applicable, mark N/A

Facility/Equipment/Operation:

Control Equipment:

Permit Condition or Operation Limitation in Permit:

Description of the Emergency/Deviation:

Describe the cause of the Emergency/Deviation:

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT
COMPLIANCE DATA SECTION**

**PART 70 OPERATING PERMIT
NATURAL GAS FIRED BOILER CERTIFICATION**

Source Name: Hill-Rom Inc.
Source Address: 1125 East Pearl Street, Batesville, IN 47006
Mailing Address: 1069 State Route 46 E, Batesville, IN 47006
Part 70 Permit No.: T137-6026-00002

**This certification shall be included when submitting monitoring, testing reports/results
or other documents as required by this permit.**

Report period

Beginning: _____

Ending: _____

Boiler Affected

Alternate Fuel

Days burning alternate fuel
From To

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

Signature: _____

Printed Name: _____

Title/Position: _____

Date: _____

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT
COMPLIANCE DATA SECTION**

PART 70 OPERATING PERMIT

Semi-Annual Report

VOC and VHAP usage - Wood Furniture NESHAP

Source Name: Hill-Rom Inc.
Source Address: 1125 East Pearl Street, Batesville, IN 47006
Mailing Address: 1069 State Route 46 E, Batesville, IN 47006
Part 70 Permit No.: T137-6026-00002
Facility: Surface Coating
Parameter: VOC and VHAPs - NESHAP
Limit: (1) Finishing operations -1.0 lb VHAP/lb Solids
(2) Thinners used for on-site formulation of washcoats, basecoats and enamels - 3% VHAP content by weight
(3) All other thinner mixtures - 10% VHAP content by weight
(4) Foam adhesives meeting the upholstered seating flammability requirements - 1.8 lb VHAP/lb Solids
(5) All other contact adhesives - 1.0 lb VHAP/lb Solids
(6) Strippable spray booth material - 0.8 pounds VOC per pound solids

YEAR: _____

| Month | Finishing Operations (lb VHAP/lb Solid) | Thinners used for on-site formulation (% by weight) | All other thinner mixtures (% by weight) | Foam adhesives (upholstered) (lb VHAP/lb Solid) | Contact adhesives (lb VHAP/lb Solid) | Strippable spray booth material (lb VOC/lb Solid) |
|-------|--|---|--|---|---|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |

9 No deviation occurred in this six month period.

9 Deviation/s occurred in this six month period.
Deviation has been reported on:

Submitted by: _____
Title/Position _____
Signature: _____
Date: _____
Phone: _____

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT
COMPLIANCE DATA SECTION**

**PART 70 OPERATING PERMIT
QUARTERLY COMPLIANCE MONITORING REPORT**

Source Name: Hill-Rom Inc.
Source Address: 1125 East Pearl Street, Batesville, IN 47006
Mailing Address: 1069 State Route 46 E, Batesville, IN 47006
Part 70 Permit No.: T137-6026-00002

Months: _____ to _____ Year: _____

This report is an affirmation that the source has met all the compliance monitoring requirements stated in this permit. This report shall be submitted quarterly. Any deviation from the compliance monitoring requirements and the date(s) of each deviation must be reported. Additional pages may be attached if necessary. This form can be supplemented by attaching the Emergency/Deviation Occurrence Report. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period".

9 NO DEVIATIONS OCCURRED THIS REPORTING PERIOD

9 THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD.

| Compliance Monitoring Requirement (eg. Permit Condition D.1.3) | Number of Deviations | Date of each Deviations |
|---|-------------------------|----------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Form Completed By _____
Title/Position: _____
Date: _____
Phone: _____

Attach a signed certification to complete this report.